

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY  
RELEASE OF INFORMATION**

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

**Contact Person(s)\*** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Agency name** \_\_\_\_\_

**Agency mailing address** \_\_\_\_\_

**\*If you are requesting information about yourself please complete the address information below**

Maiden Name and/or  
Other Names Known By: \_\_\_\_\_  
(PRINT ONLY)

**Address:** \_\_\_\_\_

**Street**

**City**

**State**

**Zip Code**

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SS#:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Sex:** M or F  
(mm/dd/yyyy) (circle one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm/dd/yy)

**RETURN TO:**

Adult Abuse Registry  
915 SW Harrison Rm. 551 South  
Topeka, Kansas 66612

**FOR CENTRAL OFFICE USE ONLY:**

Record found?

**Yes** \_\_\_\_ **No** \_\_\_\_ If yes, finding: \_\_\_\_ AB \_\_\_\_ NG \_\_\_\_ EX \_\_\_\_ FA (Check all that apply)

"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

**Perpetrator's Name:** \_\_\_\_\_

**Region** \_\_\_\_\_ **Date Substantiated:** \_\_\_\_\_

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

